

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030397

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7523

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 25 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
6 weeks

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Lutheran Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY Jefferson

c. CITY
OR
TOWN Mt Vernon

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS 2406 Casey

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Millard W. Phillips

4. DATE OF DEATH
Month Day Year
7 21 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-3-1902

9. AGE (last birthday)
60

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manager

10b. KIND OF BUSINESS OR INDUSTRY
Country Wholesale

11. BIRTHPLACE (City and state or country)
Hazelton, Indiana

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Frank Phillips

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Pauline Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

Pauline Page

Address wife

2406 Casey Mt. Vernon, Illinois

18. CAUSE OF DEATH (Enter only one cause per line, and (b) and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Occipital glioblastoma

INTERVAL BETWEEN ONSET AND DEATH

1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-5-63 to 7-21-63 and last saw him alive on 7-21-63
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title)
Robert H. Farn

22b. ADDRESS
100 N. Euclid

22c. DATE SIGNED
7-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7-24-63

23c. NAME OF CEMETERY OR CREMATORY
Oakwood Cemetery

23d. LOCATION (City, town, or county) (State)
Mt. Vernon, Illinois

24. FUNERAL DIRECTOR ADDRESS
Myers Funeral Home Mt Vernon, Illinois

25. DATE REC'D. BY LOCAL REG.
JUL 22 1963

26. REGISTRAR'S SIGNATURE
Rosal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

2

INSTEAD OF

ITEM NO.

VS 300
Rev. 4/59

1

2/120

3

4 0

5 1

6

7 1

8 1

9

10

11

12 65.0

13

65

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James L. Cresson

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.